

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6	1					
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14	1					
15		1				
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48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.		9				
TOTAL CLAIMS	15					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						